Rev. 12/2018

V.

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF WASHINGTON

FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

JUN 0 9 2020

SEAN F. McAVOY, CLERK
DEPUTY
SPOKANE, WASHINGTON

Blet Wget Neel
Plaintiff's full name and prisoner number

Plaintiff,

Case No. 1:20-cv-03084-RMP

(leave blank – for court staff only)

inkame consty Jaih

En CAMbell Kead of Jail

Defendant's/defendants' full name(s)

Defendant(s).

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. Individuals whose names are not included in this section will not be considered defendants in this action.)

Jury Demand?
☐ Yes
☐ No

PRISONER CIVIL RIGHTS COMPLAINT

WARNINGS

- 1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.
- 2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

- 3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.
- 4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, <u>may not</u> contain certain information, which must be modified as follows:

Do <u>not</u> include:

• a full social security number

• a full birth date

• the full name of a minor

• a complete financial account number

Instead, use:

→ the last four digits

→ the minor's initials

→ the last four digits

5. At this stage of the proceeding, you need not submit exhibits, affidavits, grievances, witness statements, or any other materials with this complaint to the Clerk's Office. Any documents you submit must relate directly to the claims you raise in this lawsuit. They will become part of the court record and will not be returned to you.

I. PLAINTIFF INFORMATION		1
Neal Bret W.	the	NONE
Name (Last, First, MI)		Aliases/Former Names
035743		
Prisoner ID #		
Place of Detention	Juil	
Institutional Address	الم العب	
Tarkame	LAA)	98701
County, City	State	Zip Code
Indicate your status:		
Pretrial detainee		Convicted and sentenced state prisoner
Civilly committed detaineeImmigration detainee		Convicted and sentenced federal prisoner

II. DEFENDANT INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page of the complaint. Attach additional sheets of paper as necessary.

Defendant 1:	M1/5c 6bc 5 Name (Last, First)	C.0	
	` ' '		
	Current Job Title	MedCCIL	
	111 North Fron	x 5 t	
	Current Work Address		
	Yakama County, City	VA	98901
	County, City	State	Zip Code
Defendant 2:	ED CAMbe/ Name (Last, First)	7/	
	Head of the Current Job Title	J-11	
	115 North F	ront st	
	Current Work Address		
	County, City	WA	98901
	County, City	State	Zip Code
Defendant 3:	H5A	Chris	
,	Name (Last, First)		
	head of Mad Current Job Title	دهاك	
	Current Job Title		`
	111 North F	bont st	
	Current Work Address		
•	Jakana	WA	98901
	County, City	State	Zip Code

III. STATEMENT OF CLAIM(S)

In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.

If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under "Count I" (i.e., medical) and the other claim under "Count II" (i.e., religion).

Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.

If you have more than three counts, attach additional pages and follow the same format for each count.

If you attach documents to support the facts of your claim(s), you <u>must</u> specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). <u>If you do not specify the portion of the supporting document(s)</u>, the Court may <u>disregard your document(s)</u>.

COUNT I

Identify the first right you believe was violated and by whom:

				THE WIRES-
not be seen by	edoctor,	Bains +	11s that	, don't meet
State the <u>facts</u> of your first specific about dates, times what each specific defende and include any other fact additional space, you may	t claim below. Incl s, locations, and the ant did or failed to 's that show why yo	lude all the facts e names of the pe do that caused y ou believe what h	you consider impoi ople involved. Des ou injury or violate	rtant. Be scribe exactly ed your rights,
1.2 I havent be	en feeling	40011!	to I ark	Medecik
to test	me, I w	es turn	ed dew	with Dut

The safty or Health for inmeter officer Mikebbay has told me that I don't meet their standard to be tested I havent been seen as of yet and nor have been tested for the Vires The Jail and so Does Mr. Cantel L. Mr Canbell Lied News papper. That inneter are kept expect from each other That a Lie and he says that marker have been ont to we Thete alse even get election gear to clean Dura celle we are to live in a durity cell we us a our sheets and our T-Shuft Ween our Floors with here on 4th Floor Chris HSA 15 head of be want test me at

State with specificity the <u>injury</u>, <u>harm</u>, <u>or damages</u> you believe you suffered as a result of the events you described above in Count I. Continue to number your paragraphs.

Jem asking to be tested at once, and be given For my pain and sufferings 7.5 millen dollars. And to having to live in a massy room. and out only one hour a day! and to be tested

COUNT II

Identify the second right you believe was violated and by whom:

Officer Mikebbay said no Testing

State the <u>facts</u> of your second claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

2.2 Office Mitabbay with out with out asking ma what wes in no Other words USA parsion Then No matter DOK 01 res For two wzzka we don't make cons

would be soon Batthal was two weeks 050.

This joil don't have as near people in

in have as they dad befor the Vires
stepled we are Just a paycheck to them
They can allneys got more test kets For
w to be tested! But They will not do that
Because They are afraid that some or
all of us here it
· · · · · · · · · · · · · · · · · · ·
State with specificity the <u>injury, harm, or damages</u> you believe you suffered as a result of the events you described above in Count III. Continue to number your paragraphs.
Some as count 1 7.5 miller in democr
and to be tested and having to live in a
Messy Room 23 hours a day

IV. RELIEF

State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.

Get us All tested and 7.5 Millen dollars

In dangers For having to live in a massy

Boom 23 hours aday. With no cleaning goes

gear! To sweet or map our booms

V. SIGNATURE

By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

6/1/20

Dated

Plaintiff's Signature